

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	MULTIPLE MASTER PLANS FOR ORDER SIMULATION AND PRODUCTION PLANNING

Attorney Docket Number::	M61.12-0543
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Petition Type::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Danish
Given Name::	Benny
Family Name::	Olesen
Name Suffix::	
City of Residence::	Greve
State or Province of Residence::	Denmark
Country of Residence::	Denmark
Street of Mailing address::	Rosenvangsvej 7
City of Mailing address::	Greve
State of Province of mailing address::	Denmark
Country of mailing address::	Denmark
Postal or Zip Code::	2670

Comments: Repeat the above for each inventor

Correspondence Information

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State or Province of mailing address:: MN
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Representative Information

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia

Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn
Primary	33760	Stacy Quan
Primary	28692	Michael W. Bocianowski
Primary	38590	Jeffrey L. Ranck
Primary	35499	David Bartley Eppenauer
Primary	33553	Martin L. Shively
Primary	35744	Ronald O. Zink
Primary	32322	John Weresh
Primary	37038	Patricia E. Bornes

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name:: Microsoft Corporation
 Street of mailing address:: One Microsoft Way
 City of mailing address:: Redmond
 State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98052